Fill in	this information to identify your case:				only as d	irected in this form and	in Form
Debt	or 1 Sokona Diallo			2A-1Supp:			
Debt	or 2		[✓ 1. There i	s no pres	umption of abuse	
``	ed States Bankruptcy Court for the: Southern District of	of Texas		applies	s will be n	to determine if a presumade under <i>Chapter 7</i> dicial Form 122A-2).	
Case (if kno	e number 22-33351-H1-7 wn)		<u> </u>	3. The Me	eans Test	does not apply now be service but it could ap	
				 Check if	this is a	n amended filing	. ,
Off	icial Form 122A - 1						
Ch	apter 7 Statement of Your Cur	rent Mor	nthly Inc	ome			12/19
attach case r	complete and accurate as possible. If two married people as a separate sheet to this form. Include the line number to wanted if known). If you believe that you are exempted from the married property in a military service, complete and file Statement of Exempted: Calculate Your Current Monthly Income	hich the addition n a presumption	nal information a of abuse becau	applies. On th se you do not	e top of ai t have prir	ny additional pages, writ narily consumer debts o	e your name and r because of
1.	What is your marital and filing status? Check one or	ıly.					
	Not married. Fill out Column A, lines 2-11.						
	Married and your spouse is filing with you. Fill ou	ut both Columns	A and B, lines	2-11.			
	✓ Married and your spouse is NOT filing with you.	You and your	spouse are:				
	Living in the same household and are not lega	ally separated.	Fill out both Co	lumns A and	B, lines	2-11.	
	Living separately or are legally separated. Fill penalty of perjury that you and your spouse are le living apart for reasons that do not include evadir	egally separated	d under nonban	kruptcy law t	that applie	es or that you and your	
10 the	I in the average monthly income that you received from all 1(10A). For example, if you are filing on September 15, the 6-me 6 months, add the income for all 6 months and divide the total buses own the same rental property, put the income from that p	onth period would by 6. Fill in the re	be March 1 throusult. Do not include	ugh August 31. de any income	. If the amo amount m	ount of your monthly incomore than once. For examp	ne varied during le, if both
				Column A Debtor 1		Column B Debtor 2 or non-filing spouse	
2.	Your gross wages, salary, tips, bonuses, overtime, payroll deductions).	and commission	ons (before all	\$	0.00	\$	
3.	Alimony and maintenance payments. Do not include Column B is filled in.	payments from	a spouse if	\$	0.00	\$	
	All amounts from any source which are regularly pa of you or your dependents, including child support. from an unmarried partner, members of your household and roommates. Include regular contributions from a sp filled in. Do not include payments you listed on line 3.	Include regular I, your depende	contributions nts, parents,	\$	0.00	\$	
i	Net income from operating a business, profession,	or farm					
	, ,	Deb	otor 1				
	Gross receipts (before all deductions)	\$ 0.00					
	Ordinary and necessary operating expenses	-\$ 0.00					
	Net monthly income from a business, profession, or fare	m \$0.00	Copy here ->	\$	0.00	\$	
6.	Net income from rental and other real property	Deb	otor 1				
	Gross receipts (before all deductions)	\$ 0.00					
	Ordinary and necessary operating expenses	-\$ 0.00					
	Net monthly income from rental or other real property	·	Copy here ->	\$	0.00	\$	
7.	Interest, dividends, and royalties	*	-	\$	0.00	\$	

22-33351-H1-7

Case number (if known)

Column A Column B Debtor 2 or Debtor 1 non-filing spouse 8. Unemployment compensation 0.00 Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you For your spouse 9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled 0.00 if retired under any provision of title 10 other than chapter 61 of that title. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below.. Cousin 1,100.00 0.00 Total amounts from separate pages, if any. 0.00 11. Calculate your total current monthly income. Add lines 2 through 10 for 1,100.00 1.100.00 \$ \$ each column. Then add the total for Column A to the total for Column B. Total current monthly income Part 2: Determine Whether the Means Test Applies to You 12. Calculate your current monthly income for the year. Follow these steps: 12a. Copy your total current monthly income from line 11 Copy line 11 here=> 1,100.00 Multiply by 12 (the number of months in a year) x 12 13.200.00 12b. The result is your annual income for this part of the form 13. Calculate the median family income that applies to you. Follow these steps: TX Fill in the state in which you live. 1 Fill in the number of people in your household. 55,591.00 Fill in the median family income for your state and size of household. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. 14. How do the lines compare? Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse. Go to Part 3. Do NOT fill out or file Official Form 122A-2. 14b. Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2. Go to Part 3 and fill out Form 122A-2. Part 3: Sign Below By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct. X /s/ Sokona Diallo Sokona Diallo Signature of Debtor 1 Date February 20, 2023

Sokona Diallo

Debtor 1

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Debtor 1	Sokona Diallo	Case number (if known)	22-33351-H1-7	
	MM / DD / YYYY			
	If you checked line 14a, do NOT fill out or file Form 122A-2.			
	If you checked line 14b, fill out Form 122A-2 and file it with this form.			